

**Amendment to the Claims**

This listing of claims will replace all prior versions and listings of claims in the application.

**Listing of Claims:**

1. *(currently amended)* A method for ~~confirming~~ a-making a diagnosis of sepsis, said method comprising determining the amount of anti-asialo-G<sub>M1</sub> antibodies (anti-AG<sub>M1</sub> antibodies) of the IgG and/or IgA type in blood, a blood fraction or secretion of a patient ~~in whom sepsis-associated symptoms are present following a sepsis-risk event~~, wherein an elevated concentration of anti-asialo-G<sub>M1</sub> antibodies in said blood compared to a healthy individual is indicative of sepsis.
- 2-3. *(cancelled)*
4. *(previously amended)* The method according to Claim 1, wherein said determining step is carried out with an assay type selected from a sandwich assay, a competitive assay and an agglutination assay.
5. *(cancelled)*
6. *(previously amended)* The method according to Claim 1, wherein at least one further sepsis parameter is simultaneously determined.
7. *(previously amended)* The method according to Claim 6, wherein the at least one further parameter is procalcitonin,-.
- 8-13. *(cancelled)*

14. (new) A method for estimating the risk of a patient to develop sepsis following a sepsis risk-inducing event, said method comprising:

- a) identifying a patient potentially at risk for sepsis following a sepsis risk-inducing event; and
- b) determining the level of anti-asialo-G<sub>MI</sub> (anti-AG<sub>MI</sub>) antibodies of the IgG and/or IgA type in a blood sample, blood fraction or secretion from said patient, wherein an increased level of said antibodies in said sample indicates an increased risk that the patient will develop sepsis.

15. (new) The method of claim 14, wherein said sepsis risk-inducing event is surgery, burn, or trauma.

16. (new) The method of claim 14, wherein said method is carried out using a ligand binding assay of the sandwich type, or competitive type, or an agglutination assay.

17. (new) The method of claim 14, further comprising determining the level of procalcitonin, wherein increased levels of procalcitonin and anti-AG<sub>MI</sub> antibodies of the IgG and/or IgA type when compared to normal individuals indicate an increased risk of the patient developing sepsis.